

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 17, 2023

[REDACTED], INTERIM EXECUTIVE DIRECTOR
JENNER'S POND INC
[REDACTED]

RE: RUSTON RESIDENCE
100 SYCAMORE DRIVE
WEST GROVE, PA, 19390
LICENSE/COC#: 13889

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2022, 11/03/2022, 11/08/2022, 11/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RUSTON RESIDENCE

License #: 13889

License Expiration: 07/04/2023

Address: 100 SYCAMORE DRIVE, WEST GROVE, PA 19390

County: CHESTER

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: JENNER'S POND INC

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/06/1998

Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 82

Waking Staff: 62

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 11/09/2022

Inspection Dates and Department Representative

11/02/2022 - On-Site: [REDACTED]

11/03/2022 - Off-Site: [REDACTED]

11/08/2022 - Off-Site: [REDACTED]

11/09/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70

Residents Served: 50

Special Care Unit

In Home: Yes

Area: SDCU

Capacity: 12

Residents Served: 12

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 17

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 32

Have Physical Disability: 0

Inspections / Reviews

11/02/2022 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/26/2022

Inspections / Reviews (*continued*)

11/29/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/04/2022

12/01/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/09/2022

04/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Incident reporting**1. Requirements**

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident 1 had a fall in their room, at that time they did not want to be sent to the hospital but on [REDACTED] when the pain from the fall became extremely painful for Resident 1 they asked to go to the hospital for their injury from the fall. The residence did not report this incident to the Department until [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/01/2022)

Mandatory abuse education will take place on 12/8 to nursing employees by the Assisted Living Wellness Specialist regarding all different types of abuse and reporting. Employees will be educated to report abuse immediately after their occurrence or after abuse was discovered to their supervisors. Assisted Living Wellness Specialist to report incident to DHS. Staff training on a continuous basis via Relias training platform monitored by Administrative Coordinator.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 12/12/2022)

42b Abuse/Neglect**2. Requirements**

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Resident 1 fell inside of their room while getting ready for bed. At this time the call bells were not operating correctly and the resident was given a hotel style metal bell to signal staff for any emergencies or care that was needed. Staff were unable to hear these bells when they were rung. Resident 1 crawled to the bathroom and pulled the call bell signal that was located in the bathroom. Staff did not respond to the call bell after about 10 – 15 minutes. The resident then crawled to their door to yell and bang for assistance from anyone that could hear them. Staff came to assist Resident 1 after about 45 minute of being on the floor and unable to get up on their own.

Plan of Correction

Accept [REDACTED] - 11/29/2022)

The SARA system is functioning properly. When the SARA system is not functioning, the community will utilize the personal fall monitoring system bells, not a metal style bell along with the PCM/LPN on every shift, to do rounds hourly/daily until the SARA system is functioning properly. Documentation which required initials of the PCM/LPN for hourly rounding will be signed by the LPN and provided to the administrator. This Policy/procedure will be in place on the dates when the personal fall monitoring system bells are in use, every shift, hourly until the SARA system is functioning.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 04/17/2023)

56a Admin 36 hrs/week

3. Requirements

2800.

56.a. Except for temporary absences under subsection (b), the administrator shall be present in the residence an average of 36 hours or more per week, in each calendar month. At least 30 hours per week must be during normal business hours.

Description of Violation

During calendar months September and October 2022, staff person A, the interim Administrator, did not work 36 hours in the home to include 30 hours during business hours. The Home's Staff listing also notates that the Administrator role is vacant. The current Interim Administrator Staff Person A is currently working in another home for 36 hours. It is not possible for Staff Person A to work a total of 60 hours during business hours in both homes.

Plan of Correction

Accept [REDACTED] - 11/29/2022)

The interim Administrator, who was split between two of our communities, has been replaced with our Senior Director of Operations, [REDACTED]. At the time of complaint survey, it was accepted, [REDACTED], PCHA license be submitted, as [REDACTED] is registered for the AL course through Penn State on December 9th & 10th, 2022. [REDACTED] is actively providing required regulatory hours at community.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 12/12/2022)

95 Furniture & Equipment**4. Requirements**

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], Resident 1 had a fall causing injury. Resident 1 pulled a call bell in their bathroom that went unanswered. Resident 1 crawled to the door of their apartment and yelled and banged for assistance because the emergency call bell system was out of service and had communication issues. The home was using an hotel style desk bell in its place in which staff could not hear the bell ringing.

Plan of Correction

Accept [REDACTED] - 11/29/2022)

The SARA system is functioning properly. When the SARA system is not functioning, the home will utilize the personal fall monitoring system bells along with the PCM/LPN on every shift, to do rounds hourly/daily until the SARA system is functioning properly. Documentation which required initials of the PCM/LPN for hourly rounding will be signed by the LPN and provided to the administrator. This Policy/procedure will be in place on the dates when the personal fall monitoring system bells are in use, every shift, hourly until the SARA system is functioning.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 04/17/2023)

186b Medication used by resident**5. Requirements**

2800.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

186b Medication used by resident (*continued*)**Description of Violation**

On [REDACTED] [REDACTED] am, resident 2 was administered [REDACTED] prescribed for and belonging to resident 3. Resident 2 was prescribed [REDACTED] which was not available in the home for administration.

Plan of Correction

Accept [REDACTED] - 11/29/2022)

Staff educated on 11/22 by the Assisted Living Wellness Specialist on medication errors. Audit completed of resident 2 medications with thereafter random audits will be completed monthly by the Assisted Living Wellness Specialist to assure ongoing compliance for the accountability of medications.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 04/17/2023)

187a Medication record

6. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 2 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED], resident 2's medication was not administered until [REDACTED].

Resident 2 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED], resident 2's medication was not administered until [REDACTED].

Resident 4 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED], resident 4's medication was not administered until [REDACTED].

Resident 4 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED], resident 4's medication was not administered until [REDACTED].

Resident 4 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED], resident 4's medication was not administered until [REDACTED].

187a Medication record (continued)

Resident 4 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED], resident 4's medication was not administered until [REDACTED]

Resident 4 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED], resident 4's medication was not administered until [REDACTED]

Resident 4 is prescribed [REDACTED] tablet to be administered at [REDACTED]. On [REDACTED] resident 4's medication was not administered until [REDACTED]

Plan of Correction**Accept [REDACTED] - 12/01/2022)**

Audits of physician orders of resident 2 and 4 by the Assisted Living Wellness Specialist. A complete audit of physician orders has been completed with the implementation of our Liberalized Medication Administration Policy.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented [REDACTED] 04/17/2023)**187d Follow prescriber's orders****7. Requirements**

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [REDACTED], resident 2 was administered [REDACTED] prescribed for and belonging to resident 3. Resident 2 was prescribed [REDACTED] which was not available in the home for administration.

Plan of Correction**Accept [REDACTED] - 11/29/2022)**

Staff educated on 11/22 by the Assisted Living Wellness Specialist on medication errors. Audit completed of resident 2 medications with thereafter random audits will be completed monthly by the Assisted Living Wellness Specialist to assure ongoing compliance for the accountability of medications.

Licensee's Proposed Overall Completion Date: 12/31/2022

187d Follow prescriber's orders (*continued*)*Implemented* [REDACTED] - 04/17/2023)

220b Assisted living services

8. Requirements

2800.

220.b. Assisted living services. The residence shall, at a minimum, provide the following services:

1. Nutritious meals and snacks in accordance with § § 2800.161 and 2800.162 (relating to nutritional adequacy; and meals).
2. Laundry services in accordance with § 2800.105 (relating to laundry).
3. A daily program of social and recreational activities in accordance with § 2800.221 (relating to activities program).
4. Assistance with performing ADLs and IADLs in accordance with § § 2800.23 and 2800.24 (relating to activities; and personal hygiene).
5. Assistance with self-administration of medication or medication administration as indicated in the resident's assessment and support plan in accordance with § § 2800.181 and 2800.182 (relating to self-administration; and medication administration).
6. Housekeeping services essential for the health, safety and comfort of the resident based upon the resident's needs and preferences.
7. Transportation in accordance with § 2800.171 (relating to transportation).
8. Financial management in accordance with § 2800.20 (relating to financial management).
9. 24-hour supervision, monitoring and emergency response.
10. Activities and socialization.
11. Basic cognitive support services as defined in § 2800.4 (relating to definitions).

Description of Violation

The residence is not providing the following required assisted living services; 24-hour supervision, monitoring and emergency response.

On [REDACTED], Resident 1 had a fall causing injury. Resident 1 pulled a call bell in their bathroom that went unanswered. Resident 1 crawled to the door of their apartment and yelled and banged for assistance because the emergency call bell system was out of service and had communication issues. The home was using an hotel style desk bell in its place in which staff could not hear the bell ringing.

Plan of Correction

Accept [REDACTED] - 11/29/2022)

The SARA system is functioning properly. When the SARA system is not functioning, the home will utilize the personal fall monitoring system bells along with the PCM/LPN on every shift, to do rounds hourly/daily until the SARA system is functioning properly. Documentation which required initials of the PCM/LPN for hourly rounding will be signed by the LPN and provided to the administrator. This Policy/procedure will be in place on the dates when the personal fall monitoring system bells are in use, every shift, hourly until the SARA system is functioning.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 04/17/2023)

227c Final support plan - revision

9. Requirements

227c Final support plan - revision (continued)

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident 2 support plan has not been reviewed on a quarterly basis, the last review was completed on [REDACTED].

Resident 3 support plan has not been reviewed on a quarterly basis, the last review was completed on [REDACTED].

Plan of Correction**Accept [REDACTED] - 11/29/2022)**

All active resident records have been audited for quarterly reviews of the support plan and past-due reviews have been completed. Tracking spreadsheet implemented to track compliance by the Administrator and will report compliance at the Quality Assurance Performance Meeting.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 12/13/2022)**227g Support plan - signatures****10. Requirements**

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not date the support plan.

Plan of Correction**Accept [REDACTED] - 11/29/2022)**

If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented. Tracking spreadsheet implemented to track compliance by the Administrator and will report compliance at the Quality Assurance Performance Meeting.

Licensee's Proposed Overall Completion Date: 12/31/2022

Implemented [REDACTED] - 12/13/2022)